

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

☐ Amended

IN THE MATTER OF

**Notice of  
Initial Placement by  
Appropriate Board or  
Designated Agency**

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Placement of the individual is being made or has been made on \_\_\_\_\_, 20\_\_\_\_  
at the following location:

(Name, address, telephone number of placement unit:)

This placement unit is:

- ☐ unlocked unit .  
☐ locked unit.

The type of placement unit is:

- ☐ nursing facility.  
☐ intermediate care facility.  
☐ center for the developmentally disabled.  
☐ public medical institution.  
☐ foster care services.  
☐ adult family home.  
☐ group home.  
☐ apartment.  
☐ facility providing acute psychiatric treatment .  
☐ other non-institutional community setting.

☐ Individual has a developmental disability.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Name Printed or Typed\_\_\_\_\_  
Identity of Board or Designated Agency\_\_\_\_\_  
Date